Solutions 4 Health Limited

Solutions4Health Operational Base

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

Solutions4Health Operational Base provides public health nursing services for young people aged 0-19, or up to age 25 for those with Special Educational Needs and Disability (SEND) to people in Slough.

This was the first time we rated this service. We rated it as good because:

- There was strong leadership within the team. Managers had created a positive working environment and there was a strong and supportive culture within the team. All of the staff we spoke with were happy in their roles and well supported. There was a "no blame" culture within the team which meant that staff felt able to be open and honest if things went wrong, and that mistakes could be learned from.
- The service planned care effectively and responsively to meet the needs of local people. Staff had an excellent understanding of local demographics and strived to ensure that people's needs were met. They responded promptly to any changing needs. The service used technology innovatively to help meet the needs of parents, young people and children.
- There were enough staff working in the service to ensure that patients were kept safe. Staff had good knowledge of safeguarding procedures and worked closely with other agencies to protect children and young people from risk of harm.
- Staff monitored the effectiveness of the care and treatment they delivered. Recent data showed that the service was performing higher than the average for England against the majority of their mandated targets from Public Health England.
- Staff treated parents, young people and children with compassion and kindness. We received consistently positive feedback from the parents we spoke with during our inspection.

However:

- Staff appraisal rates were low. Managers told us this was because of the pressures of the pandemic and had a plan in place to address this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	This was the first time we rated this service. We rated it as good because: • There was strong leadership within the team. Managers had created a positive working environment and there was a strong and supportive culture within the team. All of the staff we spoke with were happy in their roles and well supported. There was a "no blame" culture within the team which meant that staff felt able to be open and honest if things went wrong, and that mistakes could be learned from. • The service planned care effectively and responsively to meet the needs of local people. Staff had an excellent understanding of local demographics and strived to ensure that people's needs were met. They responded promptly to any changing needs. The service used technology innovatively to help meet the needs of parents, young people and children. • There were enough staff working in the service to ensure that patients were kept safe. Staff had good knowledge of safeguarding procedures and worked closely with other agencies to protect children and young people from risk of harm. • Staff monitored the effectiveness of the care and treatment they delivered. Recent data showed that the service was performing higher than the average for England against the majority of their mandated targets from Public Health England. • Staff treated parents, young people and children with compassion and kindness. We received consistently positive feedback from the parents we spoke with during our inspection. However: • Staff appraisal rates were low. Managers told us this was because of the pressures of the pandemic and had a plan in place to address this.

Summary of findings

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Summary of this inspection

Background to Solutions4Health Operational Base

Solutions4Health Operational Base provides public health nursing services for young people aged 0-19, or up to age 25 for those with Special Educational Needs and Disability (SEND) to people in Slough.

The service has a team base in Slough however patients are not seen there. Appointments take place in people's homes, schools or in other community locations, such as children's centres.

The service has been registered with CQC since 1 November 2017 and is registered to provide family planning services; diagnostic and screening procedures and treatment of disease, disorder or injury. The service had a registered manager in place. This was the first inspection of this service since it was registered in 2017.

What people who use the service say

People who used the service spoke very highly of it. They told us that staff treated them well and that the health visitors were "part of the family". They told us that staff were easily contactable and that they gave them excellent advice.

How we carried out this inspection

Our inspection team was made up of two inspectors and a specialist advisor with a Public Health Nursing and safeguarding background.

During the inspection, the team:

- Visited two locations and observed a new birth visit, a six to eight week check and a two year developmental review
- Spoke with 12 people who use the service
- Spoke with the registered manager of the service
- Spoke with 17 other staff members including the Public Health Programme Director, Director of Nursing and Safeguarding, Named Nurse for Safeguarding, operations leads, a Public Health Nursing Manager, health visitors, nursery nurses, school nurses, team leaders and a Multi- Agency Safeguarding Hub (MASH) practitioner
- Spoke with two representatives from organisations the service works closely with
- Reviewed 10 care records
- Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- There was a designated vulnerable team within the service. This team worked with families in refuge or temporary accommodation, teenage mums, asylum seekers and patients at high risk of domestic violence. This team had strong working relationships with other organisations involved in the care of these vulnerable groups and ensured there was a joined up approach taken to protect young people and children from risk of harm.

Summary of this inspection

- The service had responded rapidly to the demands of the pandemic. They had recognised that new mums would likely be feeling isolated and introduced extra contacts at four and 10 weeks post-partum. They also set up a panel where staff could request approval to see people face to face if they felt there was a compelling need to do so.
- Staff had created a Punjabi video which talked about perinatal mental health and also obtained the Hospital Anxiety and Depression Scale (HADS) in Punjabi after recognising that this was a barrier for women locally.
- The service offered same day bookable clinic appointments via their duty line.
- The service had developed a number of apps for people to use at various points throughout their care. This included an app for parents to use for advice on things such as sleep, weaning and potty training, an interactive app with games aimed at five to 11 year olds to promote healthy choices, and an app for 11 to 17 year olds to support healthy and positive lifestyles.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that all staff receive an annual appraisal.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Community health services for children, young people and families

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Outstanding
Well-led	Good

Are Community health services for children, young people and families safe?

Good

This was the first time we had rated this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up-to-date with their mandatory training. Training records showed that overall compliance with mandatory training was 86.4%.

The mandatory training was comprehensive and met the needs of children, young people and staff. It included safeguarding, conflict resolution, data security, fire safety awareness, hand hygiene, health and safety, infection prevention and control, making every contact count, manual handling, preventing radicalisation, equality and diversity, breastfeeding and relationships and perinatal mental health.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were given time to complete their mandatory training.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. All staff received training in safeguarding adults and children at a level appropriate for their role. The named nurse for safeguarding was in the process of completing level four safeguarding training. The named nurse for safeguarding had delivered in-house training to the team focusing on disguised compliance. Disguised compliance is when parents/carers may appear to co-operate with professionals in order to alleviate concerns and stop professional engagement. Staff gave excellent feedback about this training.

Community health services for children, young people and families

Good

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff completed mandatory training in equality and diversity and preventing radicalisation. Staff received quarterly safeguarding supervision from the named nurse for safeguarding. Compliance rates for this were 100%.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave us examples of how they worked with other agencies to protect people at risk of harm. The service regularly attended various safeguarding meetings.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff we spoke with knew how to make a safeguarding referral and felt very well supported by the named nurse for safeguarding. A Multi-Agency Safeguarding Hub (MASH) practitioner also worked with the service and was based at local authority offices at least three days per week.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Staff followed infection control principles and had excellent access to personal protective equipment (PPE). We observed staff wearing masks, gloves and aprons when seeing patients and the consulting rooms had a protective screen between staff and patients to provide a barrier when they were speaking with one another.

Staff cleaned equipment after each patient contact. We observed some clinic appointments in local children's centres and saw that staff cleaned any equipment after each use.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The service had suitable facilities to meet the needs of children and young people's families. Clinics took place in various locations across Slough, for example in children's centres. Risk assessments were carried out prior to any venue being used.

The service had enough suitable equipment to help them to safely care for children and young people. Managers kept a list of when equipment was due to be calibrated and when we visited clinics we saw that the equipment had stickers on showing when this was due.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. We saw evidence in care records of where risk issues had been appropriately escalated and then proactively followed up by staff.

Community health services for children, young people and families

Good

Staff completed mental health screening tools as appropriate and knew where to signpost or refer people for help with their mental health needs. For example, they referred patients to the perinatal mental health team, signposted to talking therapies, or could refer to a counsellor at the local hospital if parents had experienced a traumatic birth.

Staff knew about and dealt with any specific risk issues. Staff told us they received training in anaphylaxis.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing and support staff to keep children and young people safe. The team was made up of health visitors, school nurses, healthcare assistants and nursery nurses. There was also a vulnerable team which consisted of two health visitors and a MASH practitioner. These were supported by three team leaders, an administration team and the senior leadership team.

Managers regularly reviewed caseloads. Health visitors had approximately 460 patients on their caseloads and school nurses had approximately 1000. Team leaders also held caseloads to alleviate pressure on staff.

The service had high vacancy rates and struggled to recruit staff. They had three health visitor vacancies and four school nurse vacancies. They had identified barriers to recruitment and were working to address these. For example, it had recently been agreed that new staff joining the team would be eligible for the NHS pension scheme. Managers were also considering alternative staffing options, for example employing a youth worker or mental health worker who could take on some of the school nursing workload to free up time for the school nurses.

The service had fairly high turnover rates. In the 12 months prior to the inspection 11 staff had left the team, which was 23.4%. Two of the staff members who left were bank staff and did not hold a caseload.

The service had low sickness rates. These had averaged at 2% in the 12 months prior to the inspection.

The service did not use agency staff. They had some employees on zero hours contracts who could cover any absences.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, and stored securely.

Patient notes were comprehensive and all staff could access them easily. The service used an electronic care records system. This meant that staff could access records easily when working remotely. The care records we reviewed were all up to date and comprehensive. Staff clearly documented plans at the end of their progress notes. Staff added a red flag alert to the system if there were any key issues others would need to know about when reviewing the record. For example we saw that flags had been added to indicate that a patient was deaf, or when a child was under child protection. All contacts were recorded on the electronic system, including text messages.

Records were stored securely on password protected systems. Staff had unique logins for these and received training in data security.

Community health services for children, young people and families

Good

Medicines

Staff did not prescribe nor administer medicines.

Staff working in the service did not prescribe nor administer any medicines. There were no non-medical prescribers within the team. Staff did also not deliver any immunisations. Immunisations for children under five were organised via their GP surgeries and immunisations for school aged children were delivered via the local NHS Trust.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff we spoke with were aware of what incidents to report and how to report these on the electronic system. Staff were open and honest about when things went wrong and told us there was a “no blame” culture within the team.

Staff raised concerns and reported incidents and near misses in line with the provider’s policy. Staff had reported 12 incidents in the 12 months prior to the inspection. The most commonly occurring types of incident related to information governance.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong. We saw evidence of where staff had contacted families to apologise when things had gone wrong.

Staff met to discuss the feedback and look at improvements to children and young people’s care. Incidents and any lessons learned were discussed within monthly staff meetings. Staff we spoke with were able to give examples of incidents that had recently occurred and what action had been taken to prevent them re-occurring.

Are Community health services for children, young people and families effective?

Good

This was the first time we had rated this service. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service delivered care in line with the Healthy Child Programme, including offering an ante-natal appointment to women in the third trimester of pregnancy.

Community health services for children, young people and families

Good

Nutrition and hydration

Staff gave children, young people and their families education and support to ensure that their nutritional and hydration needs were met.

Staff supported children and their families to ensure that their nutritional and hydration needs were met. This started at the very beginning of the service's contact with parents when they offered advice to new mums about breastfeeding their babies. There was a standing item for breastfeeding on the agenda for the monthly staff team meetings. Health visitors and nursery nurses gave advice to parents about weaning their babies. School nurses promoted healthy eating to students and the service had interactive apps available for school-aged children to use for information around healthy choices and lifestyles.

Specialist support from staff such as dietitians and speech and language therapists was available for children and young people who needed it. We reviewed care records which showed that young people had been referred to other professionals as needed.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service uploaded data to national reporting systems as required. Recent data from Public Health England published in February 2022 showed that the service was performing above the average for England in relation to all of the Healthy Child Programme mandated contacts, with the exception of the percentage of infants who received a six to eight week review by the time they were eight weeks old. The data showed that 80.2% of the eligible infants in Slough had received this review, compared with 81.3% of eligible infants in England.

Some health visiting outcomes were lower than the average for England, while others were higher. One hundred percent of children aged two to two and a half in Slough had received a review using the Ages and Stages Questionnaire (ASQ), compared with 89.3% of two to two and a half year olds in England. This data showed that 73.1% of children in Slough were at or above the expected level in all five areas of development (communication skills, gross motor skills, fine motor skills, problem solving skills and personal/social skills), compared with 81.9% of children in England.

Data from infants seen for a six to eight week review showed that 59.2% of infants in Slough were either totally or partially breastfed, compared with 49.2% of infants in England.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included health and safety audits, safeguarding audits and record-keeping audits. Managers discussed any learning outcomes from audits within team meetings, or with individual staff members in supervision as appropriate.

Competent staff

The service made sure staff were competent for their roles. Managers held supervision with staff to support their development. Appraisal rates for the service were low.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families.

Managers gave all new staff a full induction tailored to their role before they started work. We spoke to some new staff members who spoke highly of the induction they had received, which included plenty of opportunities to shadow and learn from other members of the team.

Appraisal rates for the service were low. Only 31% of staff had received an appraisal within the last year. Managers told us that this was due to the additional demands that the pandemic had placed on the service, and that they wanted to wait until staff were in the best mindset to get the most out of their appraisals. They had a plan in place to address this.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Staff received quarterly supervision. They told us they could also arrange ad-hoc supervision outside of these sessions.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The meetings were also recorded so staff could watch them later if they were unable to attend. There was a slot for external speakers at the monthly team meetings. A staff member from Bookstart had recently attended to speak to staff about the initiative and to provide them with some packs to hand out to families.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they were given time and funding to complete certain courses as part of their professional development. For example, some staff had completed programmes offered by the Institute of Health Visiting.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. We were given examples of where managers had worked with staff to improve their performance, for example by using performance management plans and scenario-based activities.

Multidisciplinary working

Staff worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Staff regularly attended meetings with a range of other professionals that were involved in the care of children and young people. A staff member attended the weekly neonatal multidisciplinary meeting at the local acute hospital. Each GP surgery also had a linked staff member who attended regular liaison meetings with them and midwifery services.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. We saw examples of where staff had worked with safeguarding teams, schools, other health professionals and voluntary sector organisations.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health. Staff were aware of where to refer or signpost children or parents to for support with their mental health needs. Staff received training in mental health and one of the school nurses was a mental health champion.

Community health services for children, young people and families

Good

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. We saw a variety of information which was available for staff to give to parents, children and young people. Solutions4health also provide a variety of health and wellbeing services they link people in with, as well as apps focusing on weight management and healthy eating.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. When we reviewed care records we saw evidence of a young person refusing to be weighed and staff had respected this decision.

Staff made sure children, young people and their families consented to treatment based on all the information available. Staff informed people that visits were not mandatory and they could refuse if they wished.

Staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. They had also completed training in "Getting the balance right between protecting public health and respecting human rights" delivered by the local clinical commissioning group (CCG).

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. Consent was sought from parents prior to children participating in the National Childhood Measuring Programme.

Are Community health services for children, young people and families caring?

Good

This was the first time we rated this service. We rated caring as good.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way.

Community health services for children, young people and families

Good

Children, young people and their families said staff treated them well and with kindness. We spoke with 12 family members during our inspection. They all told us that staff had treated them with dignity and respect. Some people told us their health visitors were "like part of the family". When we observed interactions between staff and parents/children, staff treated them in a caring and compassionate manner. Staff listened to what they had to say and showed a genuine interest in both parent and child.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Staff had an excellent understanding of the diverse demographics in Slough and ensured that individual needs were respected.

Staff provided good continuity of care. Where possible, the same health visitor would see people for their antenatal, new birth and post-natal visit. Where families already had a child, the service would try to allocate the same health visitor to see a new baby.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. The school nursing team ran fortnightly emotional wellbeing clinics for children who may be struggling or who feel like they need emotional support. Attendance at these clinics has increased following the pandemic.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's, wellbeing. Staff told us they took a "whole family" approach to visits and appointments, where they considered the impact on everyone within the family. We saw evidence of this within care records where, for example, needs of older siblings had been considered during a new baby visit and referrals made for appropriate support.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment and were involved in their care. There were prompts on the electronic system for staff to include the child's voice.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. We saw that feedback was discussed in team meetings.

Patients gave positive feedback about the service. All of the 12 parents we spoke with gave positive feedback about the service and the support they were given. They said that they could access advice in a timely way and were very grateful for the support and reassurance they had received. We reviewed feedback collected by the service and this was also mostly positive. A lot of patients had fed back that they would have liked to be seen in person rather than virtually.

Community health services for children, young people and families

Good

Are Community health services for children, young people and families responsive?

Outstanding ☆

This was the first time we rated this service. We rated responsive as outstanding.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Managers utilised local demographic data to help plan their services. For example, there was a vulnerable team which consisted of two health visitors and a MASH practitioner. This team worked with families in refuge or temporary accommodation, teenage mums, asylum seekers and patients at high risk of domestic violence. This team had regular liaison meetings with charitable organisations, hotel managers, migrant camps, the CCG and social care. They also met with midwives every two weeks to discuss all vulnerable antenatal women.

Staff were aware of factors which were having an impact on the local population, for example tooth decay and obesity were some of the biggest challenges for young people in Slough.

Facilities and premises were appropriate for the services being delivered. Staff held clinics in local children's centres. They utilised 10 local venues across Slough. A risk assessment was completed prior to any external venues being approved for use. We visited two of these clinics during our inspection and found that the environment was appropriate. There were tables at a suitable height for changing/weighing babies.

Managers ensured that there was a prompt response to any factors which may impact service provision. For example, during the early stage of the pandemic staff were required to conduct virtual visits rather than seeing people in person. They recognised that this may have an impact on wellbeing, particularly when new parents would likely be feeling isolated, and so introduced extra contacts with new parents at four and 10 weeks post-partum to check in on parental mental health and do some health promotion work. During the lockdown managers set up a panel where staff members could submit requests and justification if they felt a family needed to be seen in person rather than virtually. This was rather than having a blanket ban on face to face appointments.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Staff made sure children and young people living with mental health problems, learning disabilities and long term conditions received the necessary care to meet all their needs. The service was trying to recruit a band five nurse to work with children and young people with special educational needs and disabilities (SEND). This would ensure that children with confirmed or suspected SEND would have a dedicated health professional to support and advise them. Staff could also refer people who either had a diagnosis of or were waiting for an assessment for autism or ADHD to the GEMS service which provided them with a single point of contact to access information, advice and support.

Community health services for children, young people and families

Good

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

The service had information leaflets available in languages spoken by the children, young people, their families and local community.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. Approximately 104 different languages are spoken within Slough so staff frequently utilised a telephone interpreting service. Information was accessible in many different languages. The service had created an educational video around perinatal mental health and offered the Hospital Anxiety and Depression Scale (HADS) in Punjabi.

Staff had good knowledge of other services available locally and signposted people to these, such as the family information service, the baby bank and home start.

Access and flow

People could access the service when they needed it and received the right care promptly. The majority of people were seen within the timeframes required by the Healthy Child Programme.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. Managers allocated resources to ensure that people were seen within the timeframes required by the Healthy Child Programme. Data from Public Health England showed that the majority of patients were seen within these timeframes.

The service operated a duty line Monday to Friday where parents/young people could call for advice. This was operated by administrative staff who would take messages and pass on to a health visitor to call people back. They also operated duty clinics each afternoon to ensure there were slots available to see people who called the duty line in person if needed. There was also a team leader on duty each day for staff to contact for advice if needed.

Staff supported children, young people and their families when they were referred or transferred between services. Staff told us they gave extra support to families during the transition from the health visiting to the school nursing service.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Children, young people and their families knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints. The service had received three complaints in the 12 months prior to the inspection. There were no identified themes from these complaints.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Community health services for children, young people and families

Good

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed minutes from team meetings which showed that learning from complaints was discussed.

Staff could give examples of how they used patient feedback to improve daily practice.

Are Community health services for children, young people and families well-led?

Good

This was the first time we rated this service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The Public Health Programme Manager was responsible for the day to day management of the service. The senior leadership team also consisted of the director of nursing and safeguarding, the deputy director of nursing and safeguarding, a Public Health Nursing manager, named nurse for safeguarding and operations lead.

The senior leadership team were a visible presence within the service. The senior leadership team were all based at the team base and were readily contactable for staff and patients. Staff unanimously told us that they felt well supported by leaders. The registered manager for the service was located at the organisation's head office. Staff told us they could contact her if needed.

Managers and team leaders supported staff to develop their skills. For example, the organisation had supported staff to work flexibly to enable them to have the time to complete external courses.

There was evidence of career progression within the service, for example one of the Public Health Nursing Managers had previously been a MASH practitioner.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them.

The service's mission statement was to "empower families in the community to find solutions4health and wellbeing". Their vision statement was to "support, develop and build self-help resilience in Slough". They had three core values which were to provide excellent care for staff and clients, deliver outstanding services and lead innovation and development in health care. Staff were aware of the vision and aims of the organisation.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Community health services for children, young people and families

Good

All of the staff we spoke with told us they felt respected and valued within their roles. Morale within the team was very high and staff were happy and proud to work for the organisation. Staff told us they felt well looked after and trusted by managers and leaders. The registered manager had called some staff who were on sick leave to check how they were. Staff told us this made them feel valued and appreciated. Many of the staff we spoke with described the team as a "family". Staff described a flat hierarchy within the team where everyone's ideas and contributions were equally valued.

Staff told us there was an open culture where they could raise concerns without fear of retribution. All staff we spoke with told us they would not hesitate to raise concerns. They were confident that they would be listened to and action taken. There had been no cases of bullying or harassment within the team.

Staff told us that their wellbeing was supported. During the pandemic managers had utilised an instant messaging service to create welfare chats which split the team up into smaller groups and provided an informal forum for staff to check in with one another.

Several staff told us they felt that communication across the organisation could be improved, both amongst the staff team and with regards to information being disseminated from management. This was discussed with managers who felt that communication processes were robust, but they were very open to working with staff to identify what could be changed to make things better.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers had effective governance processes in place. Policies and procedures were developed and signed off by the senior leadership team. Managers were held to account by commissioners and frequently attended meetings with them. They then shared updates with the other members of the senior leadership team.

The senior leadership team met fortnightly to discuss any governance and performance issues. Any key messages were then disseminated to staff in their monthly team meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a risk register in place. Leaders reviewed risks in their fortnightly meetings.

Managers addressed poor performance in line with policies and procedures, with support from their Human Resources department. We saw evidence of where staff had performance management plans in place, and how they had been supported to address any training issues or gaps in knowledge.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff could access all of the policies and procedures relating to the running of the service electronically.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Managers collected feedback from patients and staff. Feedback from patients was discussed in team meetings and this was mostly very positive.

Managers collated feedback from staff and had created a "you said, we did" board which was displayed in the team base. An example of feedback that had been acted on included recruiting a MASH practitioner who would attend safeguarding strategy meetings which meant that the duty worker would not need to attend all of these.

The service had a black and minority ethnic group staff representative who sent out newsletters to staff.

Staff were working with key partners to manage families' expectations of what the service provides and to promote what they offer. They were working with GPs and midwives to provide information about the health visiting service, and with schools to arrange virtual coffee mornings for parents of reception and year six children to discuss the school nursing service.

Stakeholders and key partners we spoke with gave positive feedback about the staff and the service. They particularly praised the work they do with vulnerable families.

Staff worked closely with three local universities and offered placements to students.

Managers attended the quarterly East Berkshire SEND Committee and were involved in the development of local pathways and initiatives.

Managers took part in national initiatives and meetings, for example, the Public Health Nursing Manager attended meetings lead by the Institute of Health Visiting. This enabled the sharing of good practice, innovation and solutions nationally.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service was planning to launch a new initiative called "Slough Community Engagement Mobile Service (SCEMS)". The plan was for a bus with a variety of health professionals, including a health visitor, to be stationed in areas of Slough with the highest deprivation three times per week. The service would offer advice for minor illness, promote self-care, offer smoking cessation advice to pregnant women, sexual health advice, management of chronic conditions, offer signposting and referrals to services such as substance misuse and talking therapies, health education and flu/COVID-19 vaccinations.

The service was working with the Oxford Academic Health Science Network to develop a Public Health Nursing virtual ward. This would be a nationwide initiative providing parents with access to virtual support from Public Health Nurses 24 hours a day.

Community health services for children, young people and families

Good

The service had developed a number of apps to provide support to people. Their “Ask-Teddi “app provided 24/7 support to parents and carers on a wide range of topics including weaning, potty training, sleep, oral health and staying active. They also had a “Camp Island” app which provided fun and evidence-based games for children aged five to 11 to support healthy choices and lifestyles, and a “Beam” app which was aimed at 11-17 year olds to support healthy and positive lifestyle choices.